

THE MERCY

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SUMMER 2015

touch MAGAZINE

BREATH OF NEW LIFE

SPROUTING LOCAL SUPPORT

Farm-fresh fares well with patients, p.17

GOOD DOG, SISSY

A little schnauzer's big journey to Mercy, p.4

MERCY PULMONOLOGIST MAKES LIFE-SAVING CONNECTIONS, p.10

FAST ACTIONS FOUGHT RARE INFECTIONS, P.14



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MERCY CEDAR RAPIDS



Mercy Medical Center
President and CEO Tim Charles

A healthier tomorrow starts with innovations today

Many of us have cared for another person at some point in our lives — maybe a child with the flu, a spouse recovering from surgery or a sibling learning to control diabetes. For many, tending to family illness is a temporary need — viruses run their course and wounds heal. But, for those battling a chronic or terminal diagnosis, family caregiving may become the focal point of daily life.

Caregivers don't often know where to turn for help. They're unfamiliar with the systems they'll encounter. They don't always understand medical, legal or human services, or how valuable these services can be. Many caregivers find themselves sandwiched between their caregiver role and other obligations, like children and work, and struggle to find a healthy balance. The intense life stressors make caregivers more prone to depression and the development of their own chronic conditions. Maintaining the good health of family caregivers is crucial.

Mercy Medical Center has developed plans to launch the community-focused Family Caregivers Center of Mercy — a support system designed to connect caregivers with resources to make their roles easier, reduce stress and improve overall well-being. This innovative center will be one of a few in the nation (and the only one in Iowa) using a community-based model, meaning that no matter where a loved one receives care — home, assisted living or hospital — the caregiver can find help.

The center will be a one-stop shop, where a person caring for someone with a chronic ailment can receive emotional support and assistance in developing a plan to ensure total care does not rest solely on his or her shoulders. Through

collaboration with local human service entities, the Family Caregivers Center of Mercy will act as a central point of coordination for all caregivers, regardless of where medical care is received.

Components of the Family Caregivers Center of Mercy include volunteer caregiver coaches; respite care; therapeutic outlets of journaling, massage and art; along with a 24/7 care line — a phone line picked up by a live person, day or night — to answer any kind of question that might arise. A resource library will be available and education sessions will be offered on a wide range of topics.

The goal of the center is to build healthier lives, not only for the caregiver but for the care-receiver as well. Healthier caregivers mean healthier patients and lower likelihoods of hospital admission. Mercy hopes to celebrate the center's grand opening in March 2016.

We are looking toward the future, identifying solutions that will do more than meet changing needs. We're building innovations — like the Family Caregivers Center of Mercy — that will strengthen and enhance the health of the communities we serve for generations to come.

As you enjoy this edition of *The Mercy Touch Magazine*, you'll see more evidence of our forward-thinking in the story of MercyCare Telehealth (page 20). You'll also be reminded of the compassionate, first-rate care you've come to expect from our exceptional providers — *The Mercy Touch*® at its best.

Thanks for reading.

Sincerely, Tim

Find out how you can get involved.
Visit mercy.org
[/services/family-caregivers-center](http://services/family-caregivers-center)

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Mercy Medical Center provides healthcare services 24 hours a day, seven days a week, regardless of race, creed, sex, national origin, disability, age or ability to pay.

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Mercy Medical Center



KEEP IN touch

The Mercy Touch® magazine features insightful and practical medical information, warm human interest stories, medical triumphs, medical breakthroughs and new technologies at Mercy Medical Center.

- 2 **A HEALTHIER TOMORROW THROUGH INNOVATIONS TODAY**
- 4-7 **SISSY THE SCHNAUZER FINDS "MOM" AT MERCY**
- 8-9 **MEET MERCY'S NEW PROVIDERS**
- 10-13 **PULMONOLOGY PATIENT'S NEW LEASE ON LIFE**
- 14-16 **THE MERCY TOUCH SEES FAMILY THROUGH RARE ILLNESS**
- 17-18 **FRESH FARE GROWS COMMUNITY SUPPORT**
- 19 **TRAVEL VACCINES A MUST**
- 20-22 **MERCYCARE TELEHEALTH THE NEW TREND IN HEALTHCARE**
- 23 **EFY FUND HELPS YOUNG MOM**
- 24 **CELEBRATING THE SISTERS**



MARCHING TO MERCY

When Sissy the schnauzer walked through the automatic doors of Mercy's 10th Street Entrance in the early morning hours of February 7, she turned out to be a bit of a secret shopper, hopeful about finding good customer service and a way to carry out her presumed mission.

Perhaps what she discovered was that *The Mercy Touch*® extends even to a dog and her family.

As security camera images revealed, Sissy — tail wagging and with her nose to the ground — trotted into Mercy that day seeming curious about what lay beyond the front door and, perhaps more important, looking to find owner Nancy Franck, who was hospitalized after cancer surgery.

It seems Sissy did experience *The Mercy Touch* (albeit from a dog's perspective) that day, which is a good thing given the amount of time and effort she expended getting there.

Sissy's Adventure

Sissy disappeared from her southeast Cedar Rapids home when Nancy's husband, Dale, let the couple's two miniature schnauzers outside for a bathroom break. Sissy didn't come back in the house. Instead, she ventured away and apparently made a determined 20-block trek to Mercy Medical Center.

Mercy Security Guard Samantha Conrad was on duty in the Security office when she looked up and saw Sissy on the hospital's surveillance cameras. The dog had wandered into

the 10th Street lobby, where Samantha was quickly able to intercept her. Sissy was wearing identification tags and Samantha called the inscribed phone number, connecting with Sissy's frantic "dad," who had been worrying about his beloved pet for more than four hours. At that moment, Dale made the connection: He told Samantha he was sure Sissy had traveled to Mercy in search of her "mom," Nancy!

The Reunion

Samantha knew just what she needed to do for Sissy and her family.

"I'm a dog lover myself, and just hearing what the patient was going through and what the dog went through to get there, I just really wanted to get them together to see each other," she says.

When the Franck's daughter, Sarah Wood, arrived at Mercy to retrieve the dog a short time later, Samantha had already begun making arrangements for Sissy to complete her mission and visit Nancy, who was in a patient room on the fourth floor.

Samantha contacted Mercy's House Supervisor and also spoke with the Nurse Supervisor working on Nancy's floor. They all agreed: Sissy needed to visit Nancy. When daughter

SISSY THE SCHNAUZER, PICTURED HERE WITH HER "MOM" NANCY, WON HEARTS ALL OVER THE WORLD AFTER SHE SNIFFED OUT HER OWNER AT MERCY MEDICAL CENTER — 20 BLOCKS FROM THE FAMILY'S HOME.



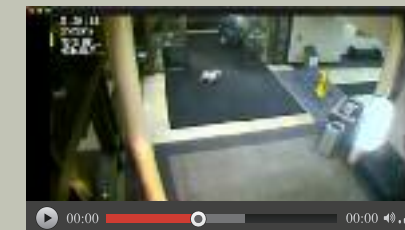
MERCY SECURITY GUARD SAMANTHA CONRAD WENT THE EXTRA MILE TO UNITE SISSY WITH NANCY.

“I JUST REALLY WANTED TO GET THEM TOGETHER TO SEE EACH OTHER.”

Samantha Conrad, Mercy Security Guard



Watch Sissy in the national spotlight and see Mercy's surveillance footage at youtube.com/MercyMedicalCenterCR



Sarah showed up in her mom's room with an excited and wiggly Sissy in her arms, Nancy suspected Sarah had smuggled the dog in.

“My mom said, ‘Did you sneak her in here?’ And I said, ‘No, she snuck herself in!’” Sarah says.

Nancy was thrilled to see Sissy, who describes her two dogs as her “kids,” now that her own children are grown and away from home.

Media Sensation

Given the combination of time and distance traveled, Sissy's apparent mission to visit her ailing “mom” and the images of the dog on Mercy security cameras, the story quickly became a media sensation, capturing the attention — and affection — of people around the world. Sissy's story aired on news and entertainment programs across the country and beyond. Plus, Mercy's social media postings and those of the media that picked up the story all went viral. Mercy's video of the security footage had more than 13,000 views on YouTube from 104 different countries in just the first five days of posting!

Fond Memories

Sadly, five weeks after Nancy was released from the hospital, her husband passed away unexpectedly. The family mourns Dale's passing, but says they're glad he was able to be part of Sissy's great adventure and the happiness the story brought to so many people.

“He really enjoyed it,” Nancy says. “He got the chance to talk to people all over the world about it, including a television station from Japan. I know he enjoyed all the coverage and he was very proud of her (Sissy).”

Nancy is also grateful to Samantha for going above and beyond the typical duties of a security guard by creating the opportunity for the joyful bedside visit with Sissy, and a long-lasting memory.

“I was glad she went the extra mile and got the approval for me to see Sissy,” Nancy says. “That's obviously what Sissy wanted. She was crazy excited to see me and it really boosted my spirits.”

MAKE MERCY YOUR

MEDICAL HOME

Your MercyCare physician knows your health history. When serious illness strikes, your provider can seamlessly coordinate your care with Mercy's network of specialists — to get you better, fast.

Meet our new MercyCare providers and Mercy specialists, each with individual medical interests as unique as your health needs and ready to help you build your medical home at Mercy.

**DR. REYES,
FAMILY MEDICINE**

Pascuala Reyes, DO, has been practicing medicine for 18 years. She obtained her Doctor of Osteopathic Medicine from the Philadelphia College of Osteopathic Medicine and completed her residency in family medicine at the University of Pittsburgh Medical Center. In the fall of 2014, she joined the staff at MercyCare East Post Road. Dr. Reyes specializes in family medicine and emergency care. She's also bilingual — Dr. Reyes is fluent in Spanish.

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Marion, Iowa 52302
(319) 377-9443

**DR. TAEGER,
FAMILY MEDICINE**

MercyCare North Liberty — Family Practice welcomed Vince Taeger, MD, to the staff in February 2015. Dr. Taeger received his Doctor of Medicine from the University of Iowa and completed his residency in family medicine there as well, nearly 15 years ago. He's interested in the full spectrum of family care, including pediatrics, geriatrics and sports medicine.

Office information for Dr. Taeger:
MercyCare North Liberty
1765 Lininger Lane
North Liberty, Iowa 52317
(319) 665-3053

**DR. PENTICO,
FAMILY MEDICINE**

Todd Pentico, MD, has been practicing medicine for nearly 15 years. He obtained his Doctor of Medicine from the University of Iowa and completed his family medicine residency at the University of Wisconsin. Dr. Pentico arrived at MercyCare Mount Vernon in March 2015, bringing along his interests in obstetrics, dermatology, internal and sports medicines, and pediatrics.

Office information for Dr. Pentico:
MercyCare Mount Vernon
310 Hwy 1 SE
Mount Vernon, Iowa 52314
(319) 895-9010

**JACQUELYN ZILLMAN, PA-C,
FAMILY MEDICINE**

Jacquelyn Zillman, PA-C, has been practicing family medicine since 2010 and joined Dr. Pentico and staff at MercyCare Mount Vernon in June 2015. Jacquelyn earned her Master of Physician Assistant Studies degree from Des Moines University. As a certified physician assistant, she prescribes medications in addition to performing physical exams and minor surgeries. Her areas of specialty include women's health, pediatrics and in-office procedures.

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Mount Vernon, Iowa 52314
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**DR. KUMAR,
PULMONOLOGY**

Abhishek Kumar, MD, MPH, winner of the 2012 ACP New York Chapter Tri-state Young Physicians' Award, joined the Mercy Pulmonology Clinic this summer. Dr. Kumar studied medicine at Bangalore Medical College and Research Institute in Bangalore, Karnataka, India. He has a Master of Public Health from Harvard University. He completed his residency at Brookdale University Hospital and Medical Center in Brooklyn, NY and fellowship at University of Buffalo/State University of New York. Dr. Kumar's areas of interest include asthma, COPD, interstitial lung diseases and interventional pulmonology.

Office information for Dr. Kumar:
Mercy Pulmonology Clinic
8th & 8th Medical Park
788 8th Street SE, Suite 200
Cedar Rapids, IA 52401
(319) 221-8788

**DR. CETINDAG,
GENERAL SURGERY**

Bulent Cetindag, MD, has joined the experts at Mercy General Surgery Clinic. Dr. Cetindag received his Doctor of Medicine from Ege University School of Medicine in Izmir, Turkey. He completed his general surgery residency at Southern Illinois University School of Medicine and a fellowship in surgical critical care from the Medical College of Wisconsin, Division of Trauma and Surgical Critical Care. Dr. Cetindag specializes in general and minimally invasive surgery along with surgical critical care. His areas of interest also include abdominal wall reconstruction and repair of complex hernias.

Office information for Dr. Cetindag:
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Cedar Rapids, IA 52401
(319) 398-6747





BACK FROM THE BRINK

Robert Carman has a new lease on life — literally — thanks to a timely diagnosis by his Mercy pulmonologist and a rare lung surgery that reversed his life-threatening pulmonary hypertension.

At age 49, the Cedar Rapids man was “ready to die,” preparing to enter hospice care as his condition worsened and he became weaker. Despite hospitalizations and blood thinners for ongoing blood clot problems blocking his lungs’ arteries, his breathing became more labored, his heart weaker and enlarged from working harder against increasing resistance.

Robert experienced his first blood clot in 1993 in Texas when his left ankle began to hurt and swell. Throughout the next two days, the swelling extended up his leg to his groin. Emergency room doctors found a blood clot and put him on blood thinners.



Martin Cearras, MD,
Mercy Pulmonology Clinic

Less than a year later, the same thing happened again, Robert recalls. This time, more testing found he had Factor V (pronounced "5") Leiden thrombophilia, a genetic disorder of blood clotting that thickens the blood and, in some patients, causes recurrent blood clotting.

Over several years, blood clots hospitalized Robert several times, in Texas and after he returned to his native Iowa.

"I was so used to getting blood clots, I just knew what it was every time," he recalls.

In 2007 while visiting a friend in Coralville, Robert stood up and "fell over dead." En route to the hospital, EMTs worked to revive him.

"I was DOA when they brought me in," Robert says. "I woke up hurting and there were tubes everywhere."

He had suffered a stroke that hospitalized him for three months, with lasting memory loss. Recovery was long and slow, both physically and mentally.

Last year, Robert ended up at Mercy with worsening symptoms.

"That's when I started to get scared," he says. "I felt like I was going to die."

In early March, Mercy Pulmonologist Martin Cearras, MD, discovered that Robert had a rare form of pulmonary hypertension in which the arteries carrying blood from the heart to the lungs become so blocked, blood flow is restricted. The arteries' blood pressure slowly rises (in his case, three times the normal values), straining the heart's right ventricle. Robert's case is rare; it's estimated that only 1 to 3 percent of patients with pulmonary embolism develop chronic thromboembolic pulmonary hypertension and most of them are undiagnosed.

"Many cases of pulmonary hypertension go unrecognized before getting correctly diagnosed," Dr. Cearras explains. "It's not very well known; the causes are many and it's complicated. Its symptoms are not specific and only a few cases have specific treatments."

Dr. Cearras began tracking down a surgeon with the expertise to perform the lung surgery that could save Robert's life.

"His was one of the few cases that can respond to that particular surgery," Dr. Cearras explains. "Only a small percentage of pulmonary hypertension patients qualify for it."

The surgery is complex, performed at only a few reference medical centers; the most well-known are in San Diego and

Cleveland. Dr. Cearras connected with the experts at the Cleveland Clinic and asked them to review Robert's case.

While Dr. Cearras downplays his part in getting Robert to the clinic, his expertise led to Robert's rare condition being caught; his advocacy and efforts to refer him for life-saving surgery were key.

The Cleveland Clinic accepted Robert for surgery in April. Doctors (who perform the surgery only about 20 times a year) said Robert's case was one of the worst they've seen. They removed large clots and tissue blocking arteries in both lungs.

Robert pushed hard through rehabilitation and was discharged after only a week and a half — a remarkable recovery. With the follow-up care of Dr. Cearras and Mercy Home Care, he's regained strength and stamina. He takes long walks and enjoys playing his guitar again, pastimes he once abandoned as his health worsened.

Brenda Authier, RN, Mercy Home Care, has helped Robert since he got home, visiting two or three times a week to check the healing of his lengthy incision, advise him on medications and blood thinner, and help with memory issues.

"His transition has been pretty remarkable," she notes. "He's animated and very active now, but when I first saw him, he wasn't moving around much. Now, he's got a sparkle back in his eye. He's enthusiastic about life."

Dr. Cearras smiles and shakes his head at Robert's

recuperation.

"He's a different person," he says. "The first time I saw him after his surgery, he gave me a hug. I felt so happy, being able to make a difference for a patient like that."

Robert credits Dr. Cearras and Mercy's continuing care for saving his life.

"They went out of their way to find someone who could do this surgery," he says. "I feel like I've got new lungs."

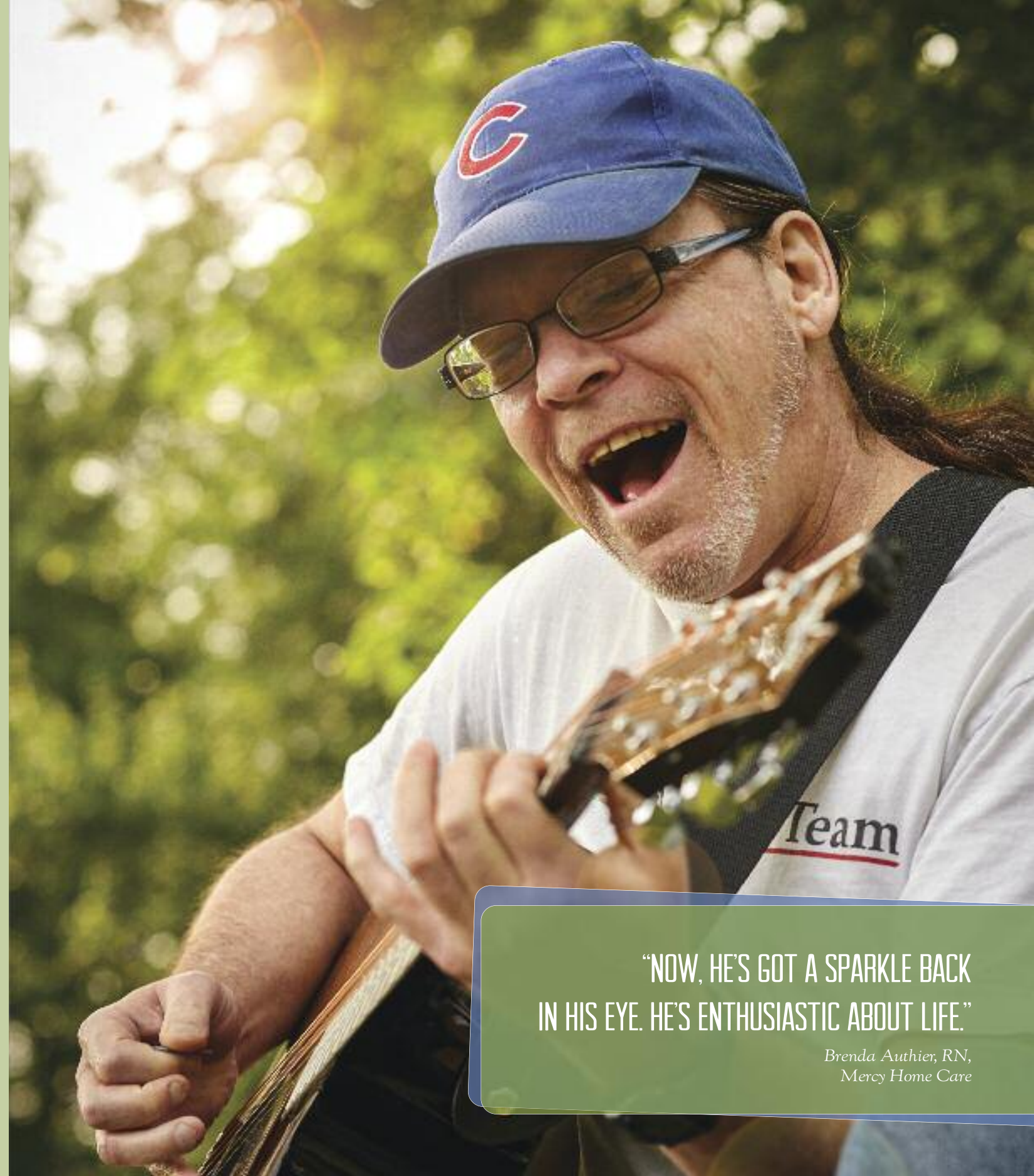
In July, Robert celebrated his 50th birthday — something he once thought he would never see.

"I'm not quite ready for fishing yet," Robert says with a grin. "But soon."

"HIS WAS ONE OF THE FEW CASES THAT CAN RESPOND TO THAT PARTICULAR SURGERY. ONLY A SMALL PERCENTAGE OF PULMONARY HYPERTENSION PATIENTS QUALIFY FOR IT."

*Martin Cearras, MD,
Mercy Pulmonology Clinic*

Want to learn more about Mercy's pulmonology experts? Visit mercy.org/PulmonologyClinic



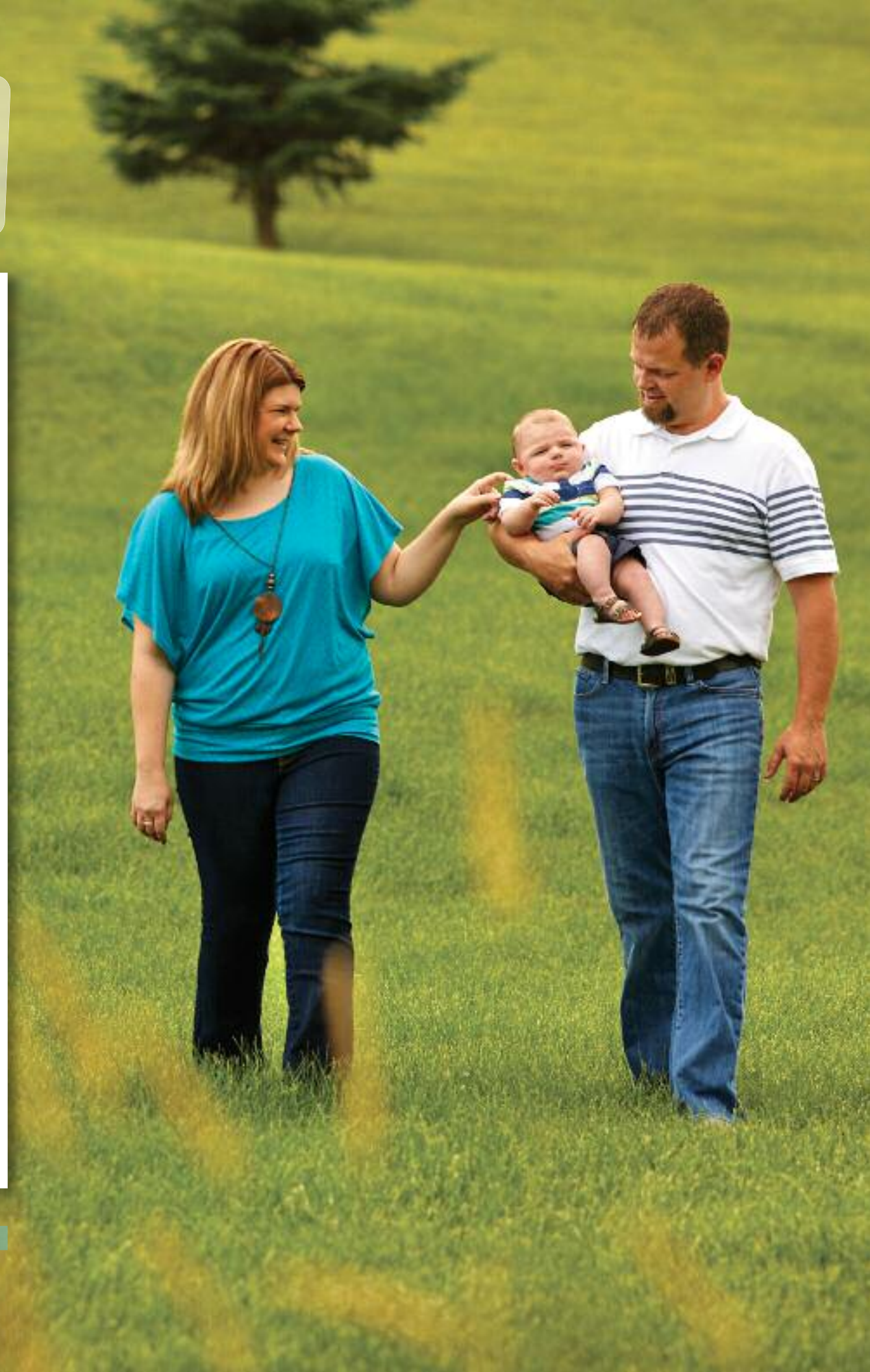
"NOW, HE'S GOT A SPARKLE BACK IN HIS EYE. HE'S ENTHUSIASTIC ABOUT LIFE."

*Brenda Authier, RN,
Mercy Home Care*

ROBERT CARMAN NEVER THOUGHT HE'D HAVE THE ENERGY TO PLAY THE GUITAR OR TAKE A SUMMER STROLL AGAIN. THANKS TO MARTIN CEARRAS, MD, AND MERCY'S CONTINUING CARE, ROBERT HAS A SECOND CHANCE TO ENJOY LIFE.

“I WAS VERY IMPRESSED WITH DR. NAU’S QUICK ACTION AND THE PEDIATRIC NURSES WERE GREAT.”

Molly Hefflefinger, Levi’s mom



LOVING LEVI

Levi Hefflefinger is a sweet baby boy with an affinity for his stuffed bunny and soft blankets.

“His orange car blanket and his hawkkey Taggie™ are his favorite things,” his mom, Molly, says with a smile. “He pulls them up to his cheek while sleeping in my arms.”

He’s an outdoorsman who has mastered the art of rolling and really wants to sit up without help, but he’s still practicing that one. When he’s had a rough day, Katy Perry and Aerosmith tunes soothe him — he’s a rock lullabies connoisseur. He’s discovered his hands and feet, and the joy of a good belly laugh. When his daddy sings “Peter, Peter Cottontail” while dancing his favorite bunny around, the giggles start to fly — let’s face it, that’s comedy gold.

Seeing Levi’s big, toothless grin makes it hard to believe he was ever fighting for his life.

First-time parents Todd and Molly Hefflefinger’s son, Levi, was 9 days old on January 1, 2015. Friends had dropped by the family’s home that afternoon to welcome the New Year and new baby.

“I was trying to feed Levi and he wasn’t latching,” recalls Molly. “I thought maybe it

was the excitement of our visitors being there.”

Their visitors didn’t stay long and Levi’s spirits didn’t improve.

“He just screamed,” she continues. “I remember him crying so hard he lost his breath.”

A short time later, Levi started to calm to the point of lethargy. He wouldn’t eat. There was a grunt in his breath. The new parents wondered if that was normal. Maybe the result of overstimulation and exhaustion, they thought. They felt calling the doctor might be an overreaction.

When Levi’s feet and hands turned to ice and his skin tinted gray, it was clear something was wrong. Levi was transported via ambulance to Mercy Medical Center’s pediatric unit where Scott Nau, MD, FAAP, awaited their arrival.

Mercy’s pediatric team wasted no time in assessing little Levi and started tests to pinpoint the problem. Within minutes of arrival, IV antibiotics were started.

THE MERCY TOUCH SAW TODD AND MOLLY HEFFLEFINGER THROUGH THEIR SON’S COMPLEX CONDITIONS. LEVI WAS 9 DAYS OLD WHEN A RARE COMBINATION OF INFECTIONS THREATENED HIS LIFE.



Scott Nau, MD, FAAP,
Mercy Pediatric Clinic

"I was almost positive that he had a serious bacterial infection and suspected that he had meningitis with his presentation," says Dr. Nau.

Tests confirmed suspicions. Late-onset group B streptococcus was the root of Levi's illness — an infection that strikes infants between 7 days and 3 months old. He had also developed sepsis (infection of the blood) and meningitis (inflammation of the brain) with seizures. Treatment for his deadly conditions would require a six-week course of antibiotics through a Peripherally Inserted Central Catheter (PICC) line.

The odds of a baby developing this combination of illnesses are incredibly low. "It's very, very rare," says Dr. Nau.

So rare, in fact, the Centers for Disease Control estimate only 1,050 cases of late-onset group B strep nationwide in 2013. In more than 30 years of pediatric medicine, providing expert care to the community's sickest children, Dr. Nau has seen little more than a handful of late-onset group B strep sepsis cases. In Cedar Rapids, several years pass in between cases.

With Levi's complex combination of infections, Dr. Nau felt he was going to need the Level 4 NICU support of University of Iowa Children's Hospital. Mercy and UI Health Care are both part of the UI Health Alliance and Levi was transferred seamlessly less than 24 hours after his admission.

When Levi was stable, three weeks into his six-week treatment, the Hefflefingers asked if it would be possible to transfer him back to Mercy.

"We received great care at the University, but I wanted him back at Mercy," says Molly. "I was very impressed with Dr. Nau's quick action and the pediatric nurses were great. We received amazing care from Mercy's Birthplace when I had Levi, and the night Levi got sick the nurses showed urgency and worked well as a team. It was phenomenal care all around."

The family was happy to be back, not only because of Mercy's exceptional care, but for comfort, too. Mercy's 24/7 room service allowed the Hefflefingers to enjoy dinners together — a seemingly small accommodation that made a huge

impression on the family. Sister Peg Murphy, Pastoral Care Chaplain, offered spiritual support as well.

"Sister Peg would check in on us and would always come when requested," says Molly. "She also blessed Levi when he was born, so it was very special to us to have the continual spiritual care."

Levi finished his antibiotic treatment on Mercy's pediatric unit under Dr. Nau's care and continues to see him for well-child visits and follow-ups at Mercy Pediatric Clinic.

The Hefflefingers are thankful they put aside their new-parent apprehensions and quickly sought medical care for Levi.

They want others to listen to their instincts, too, and encourage parents to contact their doctors when they feel something is wrong.

"Tell them the symptoms and if you need to go in, go in," Molly says.

An MRI before discharge revealed the infections damaged Levi's brain in their wake. The damaged area is related to vision. His hearing may be affected. He may have learning challenges and delayed motor skills.

"The brain is 'plastic,'" explains Dr. Nau, "and sometimes parts of the brain can take over for damaged parts. You just can't tell."

"I never make predictions," he continues. "I've seen so many times where parents are told that children won't do well — they'll be paralyzed on one side, they'll be mentally deficient or intellectually damaged, and they're not. You never gain anything by taking away hope."

"I keep asking Dr. Nau, 'What can I do?' and he says, 'You just need to take him home and love him. He's just like any other baby,'" states Molly.

And that he is — a happy baby discovering the beautiful world with the support of Dr. Nau, as he says, "to maximize his development and keep him healthy on this journey over the years to come."

**"YOU NEVER GAIN
ANYTHING BY TAKING
AWAY HOPE."**

*Scott Nau, MD, FAAP,
Mercy Pediatric Clinic*

Learn about Dr. Nau and the Mercy
Pediatric Clinic at mercy.org/peds



FRESH HELPINGS

Mercy strives to support the community, not only through excellent healthcare, but through "giving back" as well.

Incorporating Iowa-grown foods into Mercy's scratch kitchen was something the Food & Nutrition Services team had wanted to do for a long time. It was one way they could enhance the health of the community while supporting homegrown farming operations and the local economy.

"It was the right thing to do," says Pam Oldham, Director of Food & Nutrition Services. "It would support the Mercy mission and set us apart."

Fresh foods taste better and they strengthen the cook's control, too. Chefs can monitor sodium and sugar levels in fresh recipes, making meals that span different dietary restrictions. The health benefits of clean cooking are plenty.



Andy Deutmeyer,
Food Service Manager,
Food & Nutrition Services



ROLLING HILLS GREENHOUSE IN WEST UNION WAS MERCY'S FIRST FARM-FRESH PARTNER

However, cooking with mostly fresh ingredients requires an enormous volume of crops, especially for a large hospital like Mercy Medical Center. Finding growers who could meet the demand was difficult. Food & Nutrition's farm-fresh initiative remained a goal until Fern Unruh walked into the Mercy Café four years ago.

Fern and Eric Unruh operate Rolling Hills Greenhouse in West Union. They grow salad greens hydroponically with no chemicals or preservatives. They could meet Mercy's strict safety requirements and easily supply a large amount of produce.

"Local growers aren't always easy to find," says Chef Andy Deutmeyer, Food Service Manager. "So, for them to find us, that was really fortunate for Mercy. It sparked many more relationships."

Today, Mercy has seven strong partnerships with Iowa operations in West Union, Hawkeye, Donnellson and Central City. The number of partnerships continues to, well, grow.

"We're not just talking about it, we're doing it," says Chef Andy.

Food & Nutrition is doing even more than fresh cooking. They're composting kitchen scraps, too.

"We divert at least 75 percent of garbage in the kitchen from the landfill," Pam estimates.

The nutrient-rich compost is picked up once a week and added to the city's supply, eventually ending up back in the

**"WE'RE NOT JUST
TALKING ABOUT IT,
WE'RE DOING IT."**

*Chef Andy Deutmeyer,
Food Service Manager*

gardens of local growers, bringing Mercy's support of the community full circle in a green way and leaving a positive ecological footprint.

Kale, chard, apples, strawberries, Iowa-raised beef and much more are all fresh from local farms to Mercy's kitchen. The result: culinary creations so delectable they rival fine dining cuisine.

Patients agree. Mercy's Food & Nutrition Services is celebrating six consecutive years of Press Ganey patient satisfaction scores above 90 percent — an elite achievement that ranks Mercy in the top 2 percent of hospitals nationwide to maintain such stellar reviews.

The scratch kitchen's homemade meals aren't the only beloved amenity. Features like 24/7 room service, patient nutrition assistants who help place orders and dietitians who offer healthy education factor into the outstanding scores as well.

"We're making really good food in interesting, fun combinations," says Chef Andy. "Those scores are great to see."

After incorporating locally grown onions, cucumbers and even farm-fresh yogurt into menus, the Food & Nutrition team hopes broccoli will be next.

"If you can grow a lot of broccoli," Chef Andy says with a smile, "you've got a buyer right here."

BON VOYAGE TO SICKNESS



Summertime sparks an itch for sightseers and worldly wanderers to embark on overseas adventures.

It's easy to get wrapped up in the excitement of exploring new cultures and equally easy to forget about the importance of travel vaccines.

"There are vaccinations that are only given when traveling to certain areas," says Jessica Quinn, PA-C, MercyCare Marion. "Routine vaccinations are also very important when traveling as well."

Diseases that are nearly nonexistent in the U.S. are still common in developing countries. Threats of malaria, typhoid and yellow fever, for example, still loom in other areas of the world. These illnesses are preventable with vaccines.

"It's important to ensure your vaccinations are up-to-date to decrease vaccine-preventable illness and outbreaks of disease," says Jessica Quinn.

When it comes to sharing travel plans with your healthcare provider, more information is better. He or she will benefit from knowing whether plans include staying with local families in rural or urban settings, or if the trip includes contact with animals. "Exact location of travel, including flight itinerary and length of stay" are also helpful bits to share, Jessica says.

Set sail, take flight and enjoy another globe-trotting summer knowing sickness won't be a souvenir. Visit a MercyCare provider to get up-to-date on travel vaccinations today.



Jessica Quinn, PA-C,
MercyCare Marion



To find a MercyCare provider near you,
visit mercy.org/doctors

120

pounds of
tomatoes

686

pounds
of beef

350

pounds
of yogurt

245

pounds of
green peppers

50,000 - 60,000
pounds of local
foods projected
for use in 2015

INNOVATION THAT KEEPS EMPLOYEES FLYING HIGH

MERCYCARE TELEHEALTH:



Tim Sagers, MD,
Medical Director
MercyCare Business
Health Solutions

Imagine talking with your healthcare provider about a nasty cold. After discussing symptoms, her or she examines your eyes, ears and listens to your heart. You're diagnosed with a minor sinus infection and a prescription is off to your pharmacy.

Sounds like a standard appointment.

Now imagine: The provider wasn't in the exam room with you. Using high-definition cameras, monitors and a secure video feed, you've had a virtual visit. The provider, from an off-site clinic, gave an exam with the help of an on-site nurse and advanced diagnostic equipment.

It may sound like science fiction, but it's a very real and growing trend in healthcare: telehealth. In today's fast-paced and technologically savvy world, telehealth creates an innovative outlet for providers to meet the evolving needs of even more patients.

"Healthcare consumers have changed," says Tim Sagers, MD, Medical Director of MercyCare Business Health Solutions and telehealth provider. "They want convenient and accessible high-quality care. Telehealth offers them a solution."

A new partnership between MercyCare and Rockwell Collins brings such a solution to thousands of Rockwell Collins employees.

MercyCare Telehealth at Rockwell Collins opened as the first direct-to-employer telehealth clinic in the region on April 20. Located on the aviation company's main campus in Cedar Rapids, the clinic was born as "an opportunity to help provide more cost-effective and convenient options to our eligible employees," says Martha May, Senior Vice President of Human Resources at Rockwell Collins.

A visit to the telehealth clinic begins like any other doctor's appointment. The Rockwell Collins employee checks in and is escorted to a private exam room where a registered nurse asks some general health questions, takes vital signs and records notes in Mercy's electronic medical record system, Epic.



MERCYCARE TELEHEALTH AT ROCKWELL COLLINS OFFERS A CONVENIENT HEALTHCARE OPTION FOR EMPLOYEES

99%

patient satisfaction



Donald Hilliard, MD,
Chief Medical Information Officer,
Mercy Physician Services



Kara Goslin, PA-C,
MercyCare Telehealth

From the clinic on Rockwell Drive NE, the nurse uses high-definition telehealth technology to connect with a local provider at one of three MercyCare clinic locations: downtown, Blairs Ferry or Marion. The MercyCare provider appears in real-time on a monitor near the exam table while the patient appears on a large monitor atop the provider's desk, similar to the concept of videophone.

The nurse remains in the exam room as the patient and provider discuss symptoms. Acting as the provider's hands, the nurse guides high-quality diagnostic technology that allows the provider to listen to the patient's heart and lungs, or see inside the patient's ears. The provider hears clear audio through special headphones and views sharp images through a separate, secure video feed; those high-definition images can also be added to the patient's electronic medical record when needed. A diagnosis is made and a prescription is sent electronically to the patient's pharmacy of choice.

"Studies show that 80 to 90 percent of the information needed to make a medical diagnosis is obtained from the patient-provided description of concerns," explains Donald Hilliard, MD, Chief Medical Information Officer for Mercy Physician Services and one of nine MercyCare Telehealth at Rockwell Collins providers. "With our high-definition video equipment, talking with the patient is like being in the same room."

There are a few services that can't be provided via telehealth, like X-rays. But, MercyCare Telehealth at Rockwell Collins has those needs covered, too.

"We've partnered very closely with nearby MercyCare North when a patient needs an X-ray," says Kara Goslin, PA-C, MercyCare Telehealth Clinic provider. "They get them right into the schedule. I'm able to review the X-ray and we keep splinting supplies at the telehealth clinic, so they can come right back and get that all taken care of in one spot."

The perks of telehealth are huge for employees and companies alike. The accessibility of an on-site doctor's office means a faster road to recovery, better productivity and less time out of the office. There's not a long waiting list, allowing employees to get in and out of the clinic quickly. And with a pharmacy located next door to the telehealth clinic, medications can be picked up without a separate trip. There's also the perk of cost-savings. Rockwell Collins employees can save anywhere from \$30 to \$80 per visit by utilizing the telehealth option for minor ailments.

"This method of care benefits patients by being convenient and by decreasing healthcare costs without decreasing healthcare quality," notes Dr. Hilliard.

Local interest in telehealth is gaining momentum after the success of MercyCare Telehealth at Rockwell Collins. Mercy's direct-to-employer telehealth partnerships will no doubt continue to grow. "We've seen robust interest from other businesses," says Dr. Sagers.

The feedback is overwhelmingly positive as more of Rockwell Collins' eligible employees utilize the telehealth clinic.

"I was pleasantly surprised at the ease of the visit and how personal it felt," says one employee-patient, "even via video."

"WITH OUR HIGH-DEFINITION VIDEO EQUIPMENT, TALKING WITH THE PATIENT IS LIKE BEING IN THE SAME ROOM."

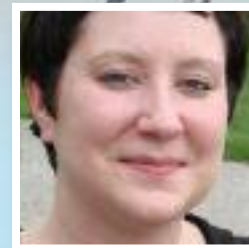
Donald Hilliard, MD,
Chief Medical Information Officer,
Mercy Physician Services

Learn more about MercyCare Telehealth at Rockwell Collins by visiting mercy.org/services/rockwellcollins



"ANYTHING THAT OFFERED ME SOME HELP WAS A SAVING GRACE, A BLESSING."

Abby Fitzpatrick, Breast Cancer Survivor



Abby Fitzpatrick,
Breast Cancer Survivor

ESPECIALLY FOR YOU®

FUND IN ACTION

Abby Fitzpatrick knew the odds were against her.

Her mother, grandmother and great grandmother all had breast cancer. What Abby didn't expect was that her family history would catch up with her so quickly. She was diagnosed with stage 2, triple negative breast cancer — a very aggressive form — at the age of 30.

Abby had discovered a lump in her left breast when she was showering. Her family physician ordered a mammogram and ultrasound, then a biopsy. The cancer diagnosis was quickly confirmed and Abby's days were soon consumed with doctor's appointments, chemotherapy treatments and related hospitalizations.

As a working mother with two young daughters — a toddler and a 6-year-old — the demands on her time and energy quickly became overwhelming.

"Things like losing my hair didn't bother me that much," Abby says. "It was mostly just being sick and down-and-out from treatments and surgery that was the worst; not being able to do everything I normally did for my kids. It wore me down in every possible way."

Abby was also forced to leave her job, which put an additional financial strain on her young family. "Thankfully, I did have some decent insurance going through it," Abby says. "But, even with that, it's still a lot. There were lots of bills and lots of doctors. It gets really tough to keep up with everything."

Abby's mother was aware of the *Especially for You*® Fund at Mercy and helped her daughter apply. Within a couple of days, Abby received a letter stating she was approved for financial assistance. The fund paid for her mammogram, ultrasound and biopsy.

"Anything that offered me some help was a saving grace, a blessing," Abby says. "You've already got so much on your mind and any kind of financial help is a welcome relief."

Abby's treatment for breast cancer was successful and she's back to work. More important, she's back to being the energetic mom she wants to be.

You can help uninsured and underinsured individuals get the breast care services they need by registering for the 25th annual **ESPECIALLY FOR YOU**® Race Against Breast Cancer. This year's race takes place on **Sunday, October 4**. Visit www.especiallyforyourace.org to register. You can also check out the new course!



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CELEBRATING THE SISTERS: *140 years in Cedar Rapids*



Mercy Medical Center joined Mount Mercy University and the Catherine McAuley Center in honoring the work of the Sisters of Mercy.

July 1875: Three Sisters of Mercy arrived in Cedar Rapids to begin their ministry.

Over the course of the next 140 years, the Sisters of Mercy would have an indelible influence on Cedar Rapids and surrounding areas: founding hospitals, staffing schools and launching support programs for women in need.

The number of lives saved, futures transformed and minds shaped in the spirit of Mother Catherine McAuley, founder of the Sisters of Mercy, is immeasurable.

July 2015: Three local Mercy organizations (Mercy Medical Center, Mount Mercy University and the Catherine McAuley Center) came together to honor the legacy of their founding Sisters through a celebratory video, reception and dinner.

Sisters remain actively engaged in leadership roles at all three organizations today, proving the circle of Mercy in Eastern Iowa truly is timeless.

Learn about Mercy Medical Center's early history with the Sisters of Mercy at mercycare.org/about/our-history